

CLARK COUNTY, NEVADA

Request for Waiver

For Compliance with the Nevada Apprenticeship Utilization Act, 2019

THE THREE APPARENT LOWEST PRIME/BIDDER SHALL SUBMIT FOR ITSELF AND EACH SUBCONTRACTOR WITHIN 10 BUSINESS DAYS AFTER BID OPENING. All forms must be sent to countypurchasing@clarkcountynv.gov.

BID No.: _____ Public Works Project (PWP) _____
Awarding Body Name: _____
Contact Person/Title: _____
Address: _____, Nevada _____
Phone: _____ Fax: _____ E-mail: _____

Contractor/
Subcontractor: _____
Contact/Title: _____ Contractor License Number: _____
Address: _____, Nevada _____
Phone: _____ Fax: _____ E-mail: _____

No waivers needed for this contractor/subcontractor in any crafts/trades.

Stop here, sign and date below

Please check the box for the reason for a Waiver Request and provide/submit supporting documentation/evidence:

Waiver needed for the following craft(s)/trade(s) _____

as there are no apprentices available from an Apprenticeship Program within Clark County as recognized by the State Apprenticeship Council.

Waiver needed for the following craft(s)/trade(s) _____

as the contractor/subcontractor listed above requested Apprentices from a registered Apprenticeship Program and the request has been denied or not approved within 5 business days.

Waiver needed for the following craft(s)/trade(s) _____

as the contractor/subcontractor is required to perform uniquely complex or hazardous tasks on the project, as described below, that require the skill and expertise of a journeyman:

Please attach all additional documentation/evidence supporting the Waiver Request or describe why an Apprentice is not available or cannot be provided _____

Contractor/Subcontractor Name _____ Date of Waiver Request Submitted to Awarding Body _____ *Signature of Authorized Representative _____

Awarding Body Print Name _____ *Signature _____ Date _____
*By signing this form you certify that the information you have provided is true and correct to the best of your knowledge.

For Office of the Labor Commissioner's Use Only:

Waiver Request Approved: _____

Waiver Request Denied: _____

Notes: _____

Printed Name/Title: _____ Signature: _____

Date: _____ Date Returned: _____

For Additional Waiver Forms, visit www.clarkcountynv.gov/Departments/Purchasing & Contracts/Forms